

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009730

FILED
Apr 14, 2009
Secretary of State

Entity Name: WORKFORCE HOUSING VENTURES COMMUNITY LAND TRUSTS, INC.

Current Principal Place of Business:

13924 7TH ST.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

13924 7TH ST.
DADE CITY, FL 33525

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUVIL, JONATHAN L
37837 MERIDIAN AVE., SUITE 100
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, THOMAS E
Address: 13924 7TH ST.
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: MERRILL, PENELOPE
Address: 37314 MERIDIAN AVE.
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: CUMBEE, RALPH
Address: 36351 CLINTON AVE.
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: DYER, JACQUELINE
Address: 215 FORTYNINTH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DYER, JACQUELINE
Address: 215 49TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. SMITH

D

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date